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LETTER

Re: A framework for assessing the ethics of doctors' strikes. Roberts Published Online First: [20 May 2016] doi:10.1136/medethics-2016-103395

I read with interest the recent article on the ethics of doctor's strikes.¹ I accept most of the arguments expressed in the article, however, there is one shortcoming to the framework: its under-analysis of the role that the social context can have when evaluating the ethics of doctors strikes.² I contend that there is a need to contextualise industrial disputes of this nature, namely, reflecting on and evaluating the nature of the healthcare system, its values and vision, and its relationship to the prevailing socio-political landscape. Such an approach would offer a more integrated ethical understanding of doctors decision to strike and extend the value of the ethical framework being proposed.

Roberts does attempt to contextualise the strike, by referring to the 'party line' adopted by various government officials and departments that the junior doctor strike exposes patients to serious harm¹(p.3), and how the media can be used to promote the government position. However, the link between the doctors' actions and the social context is not properly formulated. Healthcare systems can be categorised into four basic models-Beveridge model (UK), the social insurance model (e.g. Germany), the national insurance model (e.g. Canada) and a market driven model (e.g. India).³ Each of these systems employ different principles of healthcare. It would be worth incorporating this dimension of health care to an ethical framework for evaluating doctors' strikes.

In this article the NHS and the Department of Health are framed as the doctors 'employers'. While this is factually correct, it is worth remembering that the Department of Health and the NHS are also significant social institutions, key apparatuses of the UK welfare state and custodians of its principles of universality, equality and justice.⁴ In this particular case, it would be appropriate to check the actions of the government and that of the doctors decision to strike against these principles.⁵ The NHS has undergone a period of profound restructuring and reorganisation under the austerity driven focus of a conservative coalition government (2011-2016) and more recently a majority conservative government (2016-present).⁶ The 'better outputs with fewer resources'⁸ logic of austerity calls into question whether equality, access and quality of health services can be achieved when fiscal rectitude rather than universality is the operational mode.^{7,9} In the UK the annual health spend per capita in real terms is slowly recovering from -1.3% in 2010(compared with 0.1% for the OECD average for the same year). In 2013 the figure was 0.6 %, however, this was still behind the 1.0% average for the OECD. ⁶ This concerted strategy to underspend in the area of healthcare also included a two year policy of pay freezes and staff redundancies.⁶ It is clear that these political decisions have had an impact on the delivery of healthcare, impacting of the range of services provided and the working conditions for staff. Austerity then not only amplifies health inequalities of society and but also erodes at the 'the very principle of relatedness and mutuality'¹⁰ that defines these public health services and initiatives.

Incidentally, this belief in state responsibility for the health of UK citizens has proved a rallying call for some of the striking doctors. During the escalation of the industrial strikes in April 2016, a make-shift banner was posted on the wall of a NHS hospital near my place of work. It read: 'The NHS will last as long as there are folk left with faith to fight for it- Aneurin Bevan'. This poster betrays the striking doctors' sympathy with the ethical vision of the founding father of the NHS and adds further legitimacy to their actions.

It would appear that the values of the healthcare system and the type of priority it is given or not by a government are also important factors to consider when evaluating the reasons why doctors strike. I think that this amendment is worth making and highlighting for consideration.

COMPETING INTEREST STATEMENT: No completing interests

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